



# Incident Report

**Print Date/Time:** 12/30/2015 09:46  
**Login ID:** ss0137

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2015-00203131

**Incident Date/Time:** 12/17/2015 2:01:00 PM  
**Location:** 9414 4TH ST NE  
LAKE STEVENS WA 98258  
**Phone Number:**  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0127-Adams

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	TRAN16					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E495138**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2015-00203131
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	12	-	17	-	2015			1401	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
MARKET PL	BLOCK NO. <input checked="" type="checkbox"/>	9300
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2067557425
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LAST NAME	MILLER	FIRST NAME	GREGORY	MIDDLE INITIAL	L
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STREET NEW ADDRESS	222 103RD AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982587913
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	MILLEGL333DE	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	-	05	-	1967
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ATP2385	STATE	WA	VIN#	5Y2SL65857Z433420
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	PONT	MODEL	VIBSW	STYLE	4H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. TRIPLE CORP 3530 E FERRY AVE SPOKANE WA 99202

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	TRAVELERS INDEMNITY CO 25682
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	YGNACIO	FIRST NAME	PHILIP	MIDDLE INITIAL	D
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STREET NEW ADDRESS	6104 KENWOOD DR APT B
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CITY	EVERETT	ST	WA	ZIP	982031697
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CDL	B	RESTRICTIONS		ENDORSEMENTS	P
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DRIVER'S LICENSE #	YGNACPD492Q0	STATE	WA	SEX	M	D.O.B. MMDDYYYY	11	-	20	-	1951
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	70301C	STATE	WA	VIN#	5FYD2UM183U025621
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	NEW	MODEL	BUS	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONAL UNION FIRE INS CA5273859 (AOS)
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E495138**CASE # **2015-00203131**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HEWSON CHARLES E</b>																		
ADDRESS & PHONE # <b>18018 27TH DR SE BOTHELL WA 980129321</b>														SEX <b>M</b>	D.O.B. MMDDYYYY <b>09</b>	-	<b>28</b>	-	<b>1963</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>11</b>	AIRBAG	<b>9</b>	RESTR.	<b>9</b>	EJECT	<b>9</b>	HELMET USE	<b>9</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>N. ADAMS #127</b>		<b>12-18-15 09:45 AM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATE
APPROVED BY <b>D. IRWIN 0105</b>		PLACE SIGNED <b>12/18/2015 9:58:20 AM</b>	
BADGE OR ID #	<b>127</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
<b>2:01 PM</b>		<b>2:30 PM</b>	

REPORT NO. E495138

CASE # 2015-00203131

DATE AND TIME  
OF COLLISION

12/17/15 14:01

**NARRATIVE**

On 12/17/15 at a call time of about 1401 hours (all times approximate), I responded to a collision (car vs. bus) that occurred at Market Place and SR9, in the city of Lake Stevens.

Vehicle 1 (Pontiac Vibe, LIC: ATP2385) was traveling behind Vehicle 2 (city bus, LIC: 70301C) as they both headed eastbound in the 9200 block of Market Place.

Vehicle 2 slowed and stopped for a signal light at the intersection of Market Place and SR9. Vehicle 1 was following Vehicle 2 so closely it was unable to see the signal light change and then failed to stop in time before it collided into the rear end of Vehicle 2.

No injuries were reported.

Both vehicles traveled under their own power to the transit station (on the east side of SR9) at 9600 Market Pl before I had arrived.

I took digital photographs of both vehicles involved and the damaged areas, which I later printed and added to the case report.

END OF REPORT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Nathan Adams #127

12/18/2015

Lake Stevens, WA

Officer

Date

Location Signed


**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**


013197

**REPORT NO. E495138**
**CASE # 2015-00203131**
**COMMERCIAL MOTOR CARRIER**
INTERSTATE ☐INTRASTATE ☐
**UNIT #**

2

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

00

GVWR

0

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**
**UNIT #**
MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

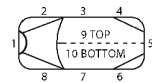
INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA


**UNIT #**
MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

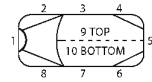
INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**N. ADAMS #127**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

**12-18-15 09:45 AM**

DATED:

PLACE SIGNED

BADGE OR ID #

127

ORI #

WA0311900

APPROVED BY

IRWIN

DATE

12/18/201

PAGE

4

OF

5

REPORT NO. E495138

CASE # 2015-00203131

DATE AND TIME  
OF COLLISION 12/17/15 14:01

